



LAW ENFORCEMENT ACADEMY

MEDICAL CLEARANCE FORM AND ASSUMPTION OF RISK & RESPONSIBILITY FOR PERSONAL MEDICAL NEEDS FORM PERTAINING TO

_____ **Print Student's/Recruit's First and Last Name:**

The above potential student/recruit of the Gateway Technical College Law Enforcement Academy (LEA) will participate in a program that includes Oleoresin Capsicum (OC) Aerosol Training and Taser Training. If you know of any medical, or other reasons, why this student's/recruit's participation in these trainings would be unwise, please advise appropriately on this form. By completing the form below, you are not assuming any responsibility for your administration of the Gateway Technical College LEA or the training programs utilized in the LEA.

REPORT OF PHYSICIAN: (Please check/complete all that are appropriate)

- I know no reason why the applicant may not participate.
- I believe the above student/recruit can participate, but I urge caution with the following limitations/restrictions: **(Do not include or indicate any medical conditions/details or reasons for limitations/restrictions.)**

- The student/recruit should not engage in Oleoresin Capsicum (OC) Aerosol Training.
- The student/recruit should not engage in Taser Training.

Physician's Signature: _____ Date: _____

Print Physician Name: _____

Physician's Address: _____ Phone: _____

City and State: _____ Zip Code: _____

STUDENT'S/RECRUIT'S ASSUMPTION OF RISK & RESPONSIBILITY FOR PERSONAL MEDICAL NEEDS

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. I assume all risk and responsibility for my medical needs.

Student's/Recruit's
Signature: _____ Date: _____

Print Name: _____